U.S. District Court for the Northern District Of Illinois Attorney Appearance Form

Case Title:		Case Number:			
An appearance is her	eby filed by the undersi	igned as att	orney	for:	
Attorney name (type o	or print):				
Firm:					
Street address:					
City/State/Zip:					
Bar ID Number: Teleph (See item 3 in instructions)			phone Number:		
Email Address:					
Are you acting as lead counsel in this case?			Yes	No	
Are you acting as local counsel in this case?				Yes	No
Are you a member of the court's trial bar?				Yes	No
If this case reaches trial, will you act as the trial attor			?	Yes	No
If this is a criminal cas	Retained Counsel				
			Appointed Counsel If appointed counsel, are you		
		а	Fede	eral Defende	r
			CJA Panel Attorney		
general bar or be granted I declare under penalty of	this Court an attorney must eleave to appear pro hac vice perjury that the foregoing is as the same force and effect	e as provided true and corre	for by lo	ocal rules 83.12 ler 28 U.S.C.§1	through 83.14. 746, this
Executed on					
Attorney signature:	S/ (Use electronic signature i	if the appeara	nce forr	m is filed electro	onically.)